

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR William Herrington

Signature of Treasurer

Electronically Filed by DR William Herrington

Date

0 3

0 9

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 144

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		336659.40
(b) Cash on Hand at Beginning of Reporting Period	498750.43	
(c) Total Receipts (from Line 19)	105337.62	1137934.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	604088.05	1474593.62
7. Total Disbursements (from Line 31)	71827.94	942333.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	532260.11	532260.11
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
1	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	91727.90	993707.70
(ii) Unitemized	13600.94	139955.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	105328.84	1133662.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	105328.84	1133662.74
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	8.78	771.48
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	105337.62	1137934.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	105337.62	1137934.22

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	1950.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	1950.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71000.00	927500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	410.00	3946.66	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	410.00	3946.66	
29. Other Disbursements.....	417.94	8936.85	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	71827.94	942333.51	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71827.94	942333.51	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	105328.84	1133662.74
34. Total Contribution Refunds (from Line 28(d))	410.00	3946.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104918.84	1129716.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1950.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Jelinek

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City State Zip Code
Washington DC 20010-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624364

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Dr. Nicole Abinanti-Kotula

Mailing Address 5808 Laurium Rd

City State Zip Code
Charlotte NC 28226-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624365

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Barr

Mailing Address Presbyterian Hospital
200 Hawthorne Ln

City State Zip Code
Charlotte NC 28204-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624366

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

87.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Black

Mailing Address 19825 River Falls Dr

City

Davidson

State

NC

Zip Code

28036-8869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624367

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Martin Burns

Mailing Address 2026 Beverly Drive

City

Charlotte

State

NC

Zip Code

28207-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624368

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven Jenkins

Mailing Address 6805 Honors Ct

City

Charlotte

State

NC

Zip Code

28210-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624369

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Brian H. Hamilton

Mailing Address 7211 Seton House Ln

City

Charlotte

State

NC

Zip Code

28277-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklinburg Rad Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: 32624370

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Victor Ho

Mailing Address 4539 Mullens Ford Rd

City

Charlotte

State

NC

Zip Code

28226-5038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: 32624371

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bennett Hollenberg

Mailing Address 3738 Abingdon Road

City

Charlotte

State

NC

Zip Code

28211-3747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: 32624372

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Erik Insko

Mailing Address 9120 Easton Grey Ln

City

Charlotte

State

NC

Zip Code

28277-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624373

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Joseph

Mailing Address 2601 Sedley Rd

City

Charlotte

State

NC

Zip Code

28211-3656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624374

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew Kapustin

Mailing Address 2608 Flintgrove Rd

City

Charlotte

State

NC

Zip Code

28226-5619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624375

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Frank Kosarek

Mailing Address PO Box 221249

City

Charlotte

State

NC

Zip Code

28222-1249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: 32624376

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Nixon

Mailing Address 2126 Edenton Rd

City

Charlotte

State

NC

Zip Code

28211-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: 32624377

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward Oke

Mailing Address 19718 Shearwater Point Drive

City

Cornelius

State

NC

Zip Code

28031-7552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: 32624378

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Quarles

Mailing Address Mecklenburg Radiology Assoc
PO Box 221249

City	State	Zip Code
Charlotte	NC	28222-1249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ocOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	9	

Transaction ID: 32624379

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Shawn Quillin

Mailing Address 4522 N Parview Dr

City	State	Zip Code
Charlotte	NC	28226-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	9	

Transaction ID: 32624380

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Clifford Roemer

Mailing Address 3901 Beresford Rd

City	State	Zip Code
Charlotte	NC	28211-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	9	

Transaction ID: 32624381

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Scanga

Mailing Address 3031 Wickersham Rd

City

Charlotte

State

NC

Zip Code

28211-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt Univ Med Ctr-V-
anderbi

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: 32624382

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Scovill

Mailing Address 127 Wild Harbor Rd

City

Mooresville

State

NC

Zip Code

28117-6038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: 32624383

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Tobben

Mailing Address 4810 Gaynor Rd

City

Charlotte

State

NC

Zip Code

28211-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: 32624384

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Donald Toothman

Mailing Address 18307 Bowsprit Pointe Road

City

Cornelius

State

NC

Zip Code

28031-5202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
oc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624385

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Daniel Uri

Mailing Address 5001 Kimblewyck Ln

City

Charlotte

State

NC

Zip Code

28226-6465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624386

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Zban

Mailing Address 2051 Brandon Circle

City

Charlotte

State

NC

Zip Code

28211-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624387

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Campbell, JR

Mailing Address 527 N Palo Alto Ave

City

Panama City

State

FL

Zip Code

32401-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624389

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624390

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City

Panama City

State

FL

Zip Code

32404-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624391

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory Presser

Mailing Address 706 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624392

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City

Panama City

State

FL

Zip Code

32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624393

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Strohmer

Mailing Address 2818 Canal Dr

City

Panama City

State

FL

Zip Code

32405-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624394

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City

Panama City

State

FL

Zip Code

32401-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624395

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jason Browning

Mailing Address 1016 Sunset Ln

City

Lynn Haven

State

FL

Zip Code

32444-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624396

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624397

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Alfred Beyer, III

Mailing Address 5201 Trent Woods Dr

City

Trent Woods

State

NC

Zip Code

28562-7441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624398

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Samuel Buff

Mailing Address Coastal Radiology
Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624402

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City

New Bern

State

NC

Zip Code

28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624403

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Catherine Everett

Mailing Address 812 Madame Moore Ln

City

New Bern

State

NC

Zip Code

28562-6446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624404

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher Flye

Mailing Address P O Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624405

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Lorentzen

Mailing Address Coastal Radiology
PO Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624406

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen Sides

Mailing Address 112 Allen Dr

City

New Bern

State

NC

Zip Code

28562-7751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624407

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy Sloan

Mailing Address PO Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624408

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. John A. Snyder

Mailing Address PO Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624409

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Tarver

Mailing Address P O Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624410

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Garret Young

Mailing Address 210 Bridge Pointe Dr

City

New Bern

State

NC

Zip Code

28562-6419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32624411

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Helinek

Mailing Address Reading Hospital and Med Ctr
PO Box 16052

City

Reading

State

PA

Zip Code

19612-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Reading Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32625885

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Laura Hemann

Mailing Address 6815 Spring Grove Ct NE

City

Cedar Rapids

State

IA

Zip Code

52411-7652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 32643013

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Greenberg

Mailing Address 35 Westland Rd

City

Weston

State

MA

Zip Code

02493-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 32643014

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kathryn Epley

Mailing Address 1948 First Ave., N.E.

City

Cedar Rapids

State

IA

Zip Code

52402-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Iowa, PLC

Occupation

Practice Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 32643016

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Brian Randall

Mailing Address RCI

1948 1st Ave NE

City

Cedar Rapids

State

IA

Zip Code

52402-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 32643017

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Wesley Henry

Mailing Address 2278 Portside Way

City

Charleston

State

SC

Zip Code

29407-8231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 32643052

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Bogle, III

Mailing Address 6219 Avenida Cresta

City

La Jolla

State

CA

Zip Code

92037-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mission Radiology Medical
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 32651182

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Hertzog

Mailing Address 5404 Summerfield Ln

City

Signal Mountain

State

TN

Zip Code

37377-2860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radcare of Tennessee

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 32651183

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Balasundaram Sekar

Mailing Address Radiology Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc of Birmin-
gham

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682813

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven Miller

Mailing Address 23 Moffat Rd

City

Waban

State

MA

Zip Code

02468-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hosp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682816

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas Poulton

Mailing Address Aultman Hospital
2600 6th St SW

City State Zip Code
Canton OH 44710-1799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682817

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary Geil

Mailing Address Heritage Medical Bldg
1100 N Tustin Ave

City State Zip Code
Santa Ana CA 92705-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Ana Tustin Radiology
Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682818

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bradford Richmond

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City State Zip Code
Cleveland OH 44195-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundati-
on

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682930

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

380.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Rogers

Mailing Address 802 West Gap Creek Road

City

Greer

State

SC

Zip Code

29651-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682931

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eric Tocci

Mailing Address 437 Triton Road

City

Ormond Beach

State

FL

Zip Code

32176-5459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682932

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Williams, III

Mailing Address 2117 Cleveland Street Ext

City

Greenville

State

SC

Zip Code

29607-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682933

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 144

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Klioze

Mailing Address 7 Cypress Hollow Ln

City

Ormond Beach

State

FL

Zip Code

32174-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682934

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Newman

Mailing Address 913 Southview PI NE

City

Lenoir

State

NC

Zip Code

28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682972

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew Beloni

Mailing Address 5624 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682973

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Ira Adler

Mailing Address 879 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682974

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Buck

Mailing Address 272 Harrison Rd

City

Turtle Creek

State

PA

Zip Code

15145-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensburg X-Ray Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682975

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy Crummy

Mailing Address 2509 Middleton Beach Rd

City

Middleton

State

WI

Zip Code

53562-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682976

Amount of Each Receipt this Period

36.50

SUBTOTAL of Receipts This Page (optional)

106.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Roger Thomas

Mailing Address 1636 Anita Ln

City

Newport Beach

State

CA

Zip Code

92660-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682990

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Wu

Mailing Address 8729 Valentine Ct

City

Raleigh

State

NC

Zip Code

27615-5830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682991

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682992

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 29 / 144

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kent Lancaster

Mailing Address 3141 Sundance Path

City

Stevensville

State

MI

Zip Code

49127-9376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Berrie

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682993

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 2466 Oak Bend Pl

City

Newburgh

State

IN

Zip Code

47630-8053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Delaware

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32682994

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683015

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)

310.34

TOTAL This Period (last page this line number only)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas Montgomery

Mailing Address 45 Glenwood Rd

City

West Hartford

State

CT

Zip Code

06107-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683016

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr. Howard Bear

Mailing Address 4931 Pearlman Way

City

San Diego

State

CA

Zip Code

92130-2789

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Diego Imaging Medical
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683017

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jorge Albin

Mailing Address 645 Mulberry Ln

City

Bellaire

State

TX

Zip Code

77401-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683020

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

116.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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FOR LINE NUMBER: PAGE 31 / 144

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgcrest Court Rd

City

Birmingham

State

AL

Zip Code

35242-0525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683055

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Paul Lampert

Mailing Address 2240 S. Elks Lane
Unit 55

City

Yuma

State

AZ

Zip Code

85364-6284

FEC ID number of contributing
federal political committee.

C

Name of Employer
MDIG

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683056

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Cohen

Mailing Address 1480 Brookfield Road

City

Yardley

State

PA

Zip Code

19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683057

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

248.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683058

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin Smith

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683101

Amount of Each Receipt this Period

312.50

C.

Full Name (Last, First, Middle Initial)

Dr. Raul de la Vega, III

Mailing Address 2936 Grampian Dr

City

Gastonia

State

NC

Zip Code

28054-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683103

Amount of Each Receipt this Period

67.50

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Renz

Mailing Address Mobile Infirmary Medical Center
PO Box 2144

City State Zip Code
Mobile AL 36652-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mobile Infirmary Medical
Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683105

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Raymond A. Armstrong

Mailing Address Radiology of Huntsville
2006 Franklin St SE Ste 200

City State Zip Code
Huntsville AL 35801-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Ctr-Montc-
lair

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683106

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City State Zip Code
Chestnut Hill MA 02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683142

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

191.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Amy Sobel

Mailing Address 11104 Creek Point Dr

City

Matthews

State

NC

Zip Code

28105-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683144

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin O'Brien

Mailing Address St Johns Macomb Hospital
11800 E 12 Mile Rd

City

Warren

State

MI

Zip Code

48093-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology Cons-
ultants, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683146

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Deeter, III

Mailing Address 14 Ryedale Ct

City

Greenville

State

SC

Zip Code

29615-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683199

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

106.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Rita Freimanis

Mailing Address Wake Forest Univ Sch of Medicine
Medical Center Blvd

City State Zip Code
Winston Salem NC 27157-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Sch of
Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683200

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code
Charlotte NC 28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683202

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Hiken

Mailing Address 7109 Cove Pointe PI

City State Zip Code
Prospect KY 40059-9680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diag. Imaging Alliance of
Louisville

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683283

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

109.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gilbert Parker, JR

Mailing Address 2763 Brownfield Way

City

Sumter

State

SC

Zip Code

29150-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sumter Radiological, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32683453

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edgar Casado

Mailing Address 84 Commonwealth Ave Apt 1

City

Boston

State

MA

Zip Code

02116-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesely Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32689256

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Howard

Mailing Address 4016 Eagle Nest Ln

City

Danville

State

CA

Zip Code

94506-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Imaging Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32689258

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Sanjay Mudigonda

Mailing Address 20 Beecher Pl

City

Newton Center

State

MA

Zip Code

02459-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 32815749

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Henry Wang

Mailing Address 12 Coach Side Ln

City

Pittsford

State

NY

Zip Code

14534-9413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Rochester Medical
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 32815750

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rachael Gordon

Mailing Address 2006 Parnell Ave

City

Los Angeles

State

CA

Zip Code

90025-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mink Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828344

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Janicki

Mailing Address 2781 Sherbrooke Rd

City

Shaker Heights

State

OH

Zip Code

44122-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 32828345

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Neil Kennedy

Mailing Address 3468 John Muir Dr

City

Middleton

State

WI

Zip Code

53562-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 32828351

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Smith

Mailing Address 4501 Jewelwood Ct

City

Peoria

State

IL

Zip Code

61615-8935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: 32828354

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jack Baker

Mailing Address 5133 Annesway Dr

City

Nashville

State

TN

Zip Code

37205-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Alliance

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828357

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Amanda Ferrell

Mailing Address 1606 Blair St

City

Little Rock

State

AR

Zip Code

72207-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828358

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Phan Huynh

Mailing Address 4522 Pin Oak Ln

City

Bellaire

State

TX

Zip Code

77401-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Singleton Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828359

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jack Preston

Mailing Address 1624 Franklin Flds

City

Sewickley

State

PA

Zip Code

15143-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brighton Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828360

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sandeep Deshmukh

Mailing Address 200 W Washington Sq Apt 1307

City

Philadelphia

State

PA

Zip Code

19106-3547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828373

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Terry Buccambuso

Mailing Address 2559 Sunridge Cir.

City

Twin Falls

State

ID

Zip Code

83301-8105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Idaho Radiology,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828374

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Travis

Mailing Address 823 Phaeton Way

City

Auburn

State

IN

Zip Code

46706-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828375

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carl Martino

Mailing Address 1351 Briarhill Drive

City

Akron

State

OH

Zip Code

44333-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging Servi-
ces Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828376

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Shuman

Mailing Address 13325 164th Ave NE

City

Redmond

State

WA

Zip Code

98052-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Hospital Medical
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828390

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Pearce

Mailing Address Catawba Radiological Assoc Inc
PO Box 308

City State Zip Code
Hickory NC 28603-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Assoc
Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828391

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Devayani Patel

Mailing Address 35 Annfield Ct

City State Zip Code
Staten Island NY 10304-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828392

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Donaldson

Mailing Address 4808 105th St

City State Zip Code
Lubbock TX 79424-5762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lubbock Diagnostic Radiol-
ogy, LLP

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828395

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Boyle

Mailing Address 318 Winrow Dr

City

Jamestown

State

NC

Zip Code

27282-8434

FEC ID number of contributing
federal political committee.

C

Name of Employer
High Point Radiological
Services

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 32828398

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anthony Jennings

Mailing Address Clear Lake Regional Medical Ctr
500 Medical Center Blvd

City

Webster

State

TX

Zip Code

77598-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana Hospital Clear Lake

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 32828399

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Herman Flink

Mailing Address 6454 Dora Drive

City

Mount Dora

State

FL

Zip Code

32757-7064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: 32828405

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Burt Weyhing, III

Mailing Address 158 Kenwood Rd

City

Grosse Pointe Farm

State

MI

Zip Code

48236-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
L. Reynolds & Associates,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828406

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Freeman

Mailing Address 640 Hill Road

City

Brentwood

State

TN

Zip Code

37027-4438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Alliance, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828408

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Louis Bujnoch

Mailing Address 2320 Bolsover St

City

Houston

State

TX

Zip Code

77005-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rose Imaging Specialists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828412

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mariela Resendes

Mailing Address 10368 N Bay Hill Dr

City

Fresno

State

CA

Zip Code

93720-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMI Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.19

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828413

Amount of Each Receipt this Period

476.19

B.

Full Name (Last, First, Middle Initial)

Dr. Eric Raymond

Mailing Address 5153 W Everett Ave

City

Fresno

State

CA

Zip Code

93722-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Virgin-
ia Hosp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.19

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828414

Amount of Each Receipt this Period

476.19

C.

Full Name (Last, First, Middle Initial)

Dr. Frank Chang

Mailing Address 10050 N Spanish Bay Dr

City

Fresno

State

CA

Zip Code

93720-3424

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMI Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.19

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828415

Amount of Each Receipt this Period

476.19

SUBTOTAL of Receipts This Page (optional)

1428.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jason Roberts

Mailing Address 9514 N Larkspur Ave

City

Fresno

State

CA

Zip Code

93720-4620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dalhousie University

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.19

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828416

Amount of Each Receipt this Period

476.19

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Evancho

Mailing Address 2330 Craig Cove Rd

City

Knoxville

State

TN

Zip Code

37919-9311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abercrombie Radiological
Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828430

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Carlton Sexton

Mailing Address 600 Chestnut Ave

City

Towson

State

MD

Zip Code

21204-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Radiology Serv-
ices, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828434

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

776.19

TOTAL This Period (last page this line number only)

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. George Erbacher

Mailing Address 3211 West 73rd St

City

Tulsa

State

OK

Zip Code

74132-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Associ-
ates Inc.

Occupation

Interventional Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828449

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Louis Pacilio

Mailing Address 503 Audubon Rd

City

Leeds

State

MA

Zip Code

01053-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northampton Radiologic As-
soc., Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828465

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Linda Head

Mailing Address 10000 Schram Rd

City

Papillion

State

NE

Zip Code

68046-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer
NIRC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828467

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lorenz Ramseyer

Mailing Address 11600 W Longhorn Trl

City

Drummond

State

OK

Zip Code

73735-1099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc. of Enid

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828470

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Sullivan

Mailing Address 1705 Pine Ave

City

Manhattan Beach

State

CA

Zip Code

90266-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hill Medical Corp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828651

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patricia Shapiro

Mailing Address 18 Captains Crossing

City

Savannah

State

GA

Zip Code

31411-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Coast Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828652

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Philip Eckstrom

Mailing Address 56451 837 Rd

City

Stanton

State

NE

Zip Code

68779-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Medical Imaging,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828653

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ravi Ramnath

Mailing Address 687 Deerhurst Dr

City

Melbourne

State

FL

Zip Code

32940-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer
NSI

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828655

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Anthony Massi

Mailing Address Rad Associates of Ithaca PC
101 Dates Dr

City

Ithaca

State

NY

Zip Code

14850-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Associates of Ithaca
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828657

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John AufderHeide

Mailing Address 2616 A Fond du Lac Rd

City

Oshkosh

State

WI

Zip Code

54902-7221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc of Fox Va-
lley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828659

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Mayer

Mailing Address 2812 Bear Island Pointe

City

Winter Park

State

FL

Zip Code

32792-9426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Space Coast Radiology Ass-
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828661

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Riggins

Mailing Address 3692 El Cordero Ranch Springs Rd

City

Martinez

State

GA

Zip Code

30907-4952

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas Med
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828665

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Lukancic

Mailing Address 15 Baker Park Ave

City

Peru

State

IL

Zip Code

61354-1582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Radiology Service

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 32828666

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jerome Barakos

Mailing Address 34 Shore View Ave

City

San Francisco

State

CA

Zip Code

94121-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Pacific Med Ce-
nter

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 32828667

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marla Polger

Mailing Address 840 Newton St

City

Chestnut Hill

State

MA

Zip Code

02467-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brigham & Women's Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 9

Transaction ID: 32828669

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

Mailing Address Gundersen/Lutheran Medical Center
1900 South Ave C02-002

City State Zip Code
La Crosse WI 54601-5467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32828671

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. John Lohnes, JR

Mailing Address Wichita Radiological Group PA
PO Box 8903

City State Zip Code
Wichita KS 67208-0903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Radiological Group
PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 32833972

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patrick Turski

Mailing Address Univ of WI Hosp MC 3252
600 Highland Ave

City State Zip Code
Madison WI 53792-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Medical School & Foun-
dation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 32833974

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

833.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bibb Allen, JR

Mailing Address 3245 E Briarcliff Rd

City

Birmingham

State

AL

Zip Code

35223-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montclair Baptist Medical
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: 32837893

Amount of Each Receipt this Period

1750.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hamid Salamipour

Mailing Address 416 Commonwealth Ave Apt 602

City

Boston

State

MA

Zip Code

02215-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: 32837898

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Aizpuru

Mailing Address 3901 West 49th Street
Apt 201

City

Edina

State

MN

Zip Code

55424-1220

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841038

Amount of Each Receipt this Period

520.00

SUBTOTAL of Receipts This Page (optional)

3270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Matthew Baldwin

Mailing Address 865 Mark Avenue Ct N

City

Lake Elmo

State

MN

Zip Code

55042-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841039

Amount of Each Receipt this Period

390.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph Baraga

Mailing Address 4340 Reiland Ln

City

Shoreview

State

MN

Zip Code

55126-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841040

Amount of Each Receipt this Period

390.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Barkmeier

Mailing Address 4230 Basswood Rd

City

Saint Louis Park

State

MN

Zip Code

55416-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841041

Amount of Each Receipt this Period

390.00

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Carl Bretzke

Mailing Address 166 4th St E

City

Saint Paul

State

MN

Zip Code

55101-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: 32841042

Amount of Each Receipt this Period

390.00

B.

Full Name (Last, First, Middle Initial)

Dr. George Edmonson

Mailing Address 6621 Iroquois Trl

City

Edina

State

MN

Zip Code

55439-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Interventional Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: 32841043

Amount of Each Receipt this Period

520.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brian Fiedler

Mailing Address 2721 Burnham Blvd

City

Minneapolis

State

MN

Zip Code

55416-4381

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: 32841044

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 144

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Dominic Frecentese

Mailing Address 518 Liberty Pkwy

City

Stillwater

State

MN

Zip Code

55082-8395

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841045

Amount of Each Receipt this Period

390.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ronnell Hansen

Mailing Address 1414 E Pond Rd

City

Eagan

State

MN

Zip Code

55122-2879

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841046

Amount of Each Receipt this Period

520.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew Hartigan

Mailing Address 9852 Adam Ave

City

Inver Grove Height

State

MN

Zip Code

55077-4729

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841047

Amount of Each Receipt this Period

520.00

SUBTOTAL of Receipts This Page (optional)

1430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 144

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Hommeyer

Mailing Address 317 Woodlawn Ave

City

Saint Paul

State

MN

Zip Code

55105-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841048

Amount of Each Receipt this Period

390.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Kispert

Mailing Address St Paul Radiology PA
166 4th St E Ste 100

City

Saint Paul

State

MN

Zip Code

55101-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841049

Amount of Each Receipt this Period

260.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Knoedler, JR

Mailing Address 14 Island Rd

City

North Oaks

State

MN

Zip Code

55127-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841050

Amount of Each Receipt this Period

520.00

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 58 / 144

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Anders Knutzen

Mailing Address 259 Woodlawn Ave

City

Saint Paul

State

MN

Zip Code

55105-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology, PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841051

Amount of Each Receipt this Period

520.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jorge Leon

Mailing Address 1399 Edgcumbe Rd

City

Saint Paul

State

MN

Zip Code

55116-1778

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841052

Amount of Each Receipt this Period

520.00

C.

Full Name (Last, First, Middle Initial)

Dr. Deborah Longley

Mailing Address 1516 Edgcumbe Rd

City

Saint Paul

State

MN

Zip Code

55116-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841053

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Madison

Mailing Address 4604 Moorland Ave

City

Edina

State

MN

Zip Code

55424-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841054

Amount of Each Receipt this Period

520.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alexandra Muschenheim

Mailing Address 2294 Stanford Ct

City

Saint Paul

State

MN

Zip Code

55105-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841055

Amount of Each Receipt this Period

1040.00

C.

Full Name (Last, First, Middle Initial)

Dr. Theodore Passe

Mailing Address 280 Saint Andrews Dr

City

Hudson

State

WI

Zip Code

54016-8072

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841056

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

1820.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Rosenberg

Mailing Address 4187 Amberleaf Trl

City

Eagan

State

MN

Zip Code

55123-1498

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841057

Amount of Each Receipt this Period

390.00

B.

Full Name (Last, First, Middle Initial)

Dr. Vladimir Savchenko

Mailing Address 168 6th St E Unit 4501

City

Saint Paul

State

MN

Zip Code

55101-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841058

Amount of Each Receipt this Period

260.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Schubert

Mailing Address 15 Lost Rock Ln

City

North Oaks

State

MN

Zip Code

55127-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841059

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Patrick Sullivan

Mailing Address 2637 E Lake Of Isles Pkwy

City

Minneapolis

State

MN

Zip Code

55408-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841060

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Swanson

Mailing Address 1510 Edgumbe Rd

City

Saint Paul

State

MN

Zip Code

55116-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841061

Amount of Each Receipt this Period

260.00

C.

Full Name (Last, First, Middle Initial)

Dr. Susan Truman

Mailing Address 767 Linwood Ave

City

Saint Paul

State

MN

Zip Code

55105-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841062

Amount of Each Receipt this Period

520.00

SUBTOTAL of Receipts This Page (optional)

1040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Weinmann, IV

Mailing Address 4230 Cedarwood Rd

City

Saint Louis Park

State

MN

Zip Code

55416-3827

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841063

Amount of Each Receipt this Period

390.00

B.

Full Name (Last, First, Middle Initial)

Dr. Keith Wittenberg

Mailing Address 1780 Mississippi River Blvd S

City

Saint Paul

State

MN

Zip Code

55116-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841064

Amount of Each Receipt this Period

520.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter Wold

Mailing Address 1976 Pine Ridge Dr

City

Saint Paul

State

MN

Zip Code

55118-4747

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841065

Amount of Each Receipt this Period

520.00

SUBTOTAL of Receipts This Page (optional)

1430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841066

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841067

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Linda Anne Kloss

Mailing Address 21 Meadow Ln

City

Haverford

State

PA

Zip Code

19041-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841077

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jorge Albin

Mailing Address 645 Mulberry Ln

City

Bellaire

State

TX

Zip Code

77401-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.37

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841089

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Benjamin Conner

Mailing Address 2720 Nottingham St

City

Houston

State

TX

Zip Code

77005-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841090

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Gillespie

Mailing Address 14203 Lake Scene Trail

City

Houston

State

TX

Zip Code

77059-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841091

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Son Huynh

Mailing Address St Joseph Radiology Associates
3120 Southwest Fwy Ste 530

City State Zip Code
Houston TX 77098-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841092

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michele Lesslie

Mailing Address 4621 Valerie St

City State Zip Code
Bellaire TX 77401-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841093

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Parven

Mailing Address 3120 Southwest Fwy Ste 530

City State Zip Code
Houston TX 77098-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841094

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Sher

Mailing Address St Joseph Radiology Associates
3120 Southwest Fwy Ste 530

City State Zip Code
Houston TX 77098-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841095

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alexander Sardina

Mailing Address St Joseph Radiology Associates
3120 SW Fwy Ste 530

City State Zip Code
Houston TX 77098-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841096

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Harvey Goldstein

Mailing Address 31 Westelm Cir

City State Zip Code
San Antonio TX 78230-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841135

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Hendrick

Mailing Address 19415 Mill Oak

City

San Antonio

State

TX

Zip Code

78258-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841136

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dipan Patel

Mailing Address 319 Cinnamon Oak

City

Shavano Park

State

TX

Zip Code

78230-5641

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841137

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Isaac Kirk, III

Mailing Address 3756 Westerman

City

Houston

State

TX

Zip Code

77005-1168

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Radiology Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841139

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Sangster

Mailing Address 3281 S Little Dr

City

Flagstaff

State

AZ

Zip Code

86001-9119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841140

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Rhodes, III

Mailing Address 1041 Maple Ct

City

Athens

State

GA

Zip Code

30606-5746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841141

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. C Smith

Mailing Address 124 W Lake Ct

City

Athens

State

GA

Zip Code

30606-4655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841142

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Curtis Poor

Mailing Address 2415 Eagle Cir

City

Bettendorf

State

IA

Zip Code

52722-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group PC SC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841143

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sean Theisen

Mailing Address 1346 Whispering Maples Ct

City

Ann Arbor

State

MI

Zip Code

48108-2492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huron Valley Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841144

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Yuhasz

Mailing Address Tacoma Radiological Associates
PO Box 1535

City

Tacoma

State

WA

Zip Code

98401-1535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tacoma Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841145

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Shick

Mailing Address 2921 Crossfield Dr

City

Greensboro

State

NC

Zip Code

27408-6743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Baptist
Med C

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: 32841146

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce White, JR

Mailing Address 400 Cherokee Rd

City

Florence

State

SC

Zip Code

29501-5229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florence Radiological Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: 32841147

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Alson

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: 32841389

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City

Wall Township

State

NJ

Zip Code

07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841390

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Brannon

Mailing Address 7 Foxglove Ct

City

Greenville

State

SC

Zip Code

29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841391

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City

Greensboro

State

NC

Zip Code

27455-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841392

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Potter

Mailing Address 1803 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841393

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edward Sullivan, III

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841395

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stuart Markowitz

Mailing Address Jefferson Radiology PC
85 Seymour St Ste 200

City

Hartford

State

CT

Zip Code

06106-5507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841399

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Martin Schwartz

Mailing Address Radiology Associates of Birmingham
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841400

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Redvanly

Mailing Address 4315 Gosford Pl

City State Zip Code
Charlotte NC 28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841401

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Jaiindl

Mailing Address 939 Quarter Round Road

City State Zip Code
Pacolet SC 29372-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841402

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841403

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis Johnson

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841404

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Rawson

Mailing Address Medical College of Georgia
1120 15th St BA1414

City

Augusta

State

GA

Zip Code

30912-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Georgia

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841406

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

163.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Carl D'Orsi

Mailing Address Emory Univ Hosp

1701 Uppergate Dr 1st Fl C1104

City

Atlanta

State

GA

Zip Code

30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841408

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Magnuson

Mailing Address 3493 Siems Ct

City

Arden Hills

State

MN

Zip Code

55112-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Paul Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841409

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841410

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

92.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Wittry

Mailing Address 10525 Concord School Rd

City

Saint Louis

State

MO

Zip Code

63128-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
West County Radiological
Group, Inc.

Occupation

Cardiac Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841411

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Limbacher, II

Mailing Address Putnam Radiology PC
315 N Washington Ave Ste 209

City

Cookeville

State

TN

Zip Code

38501-2660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Putnam Radiology, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841412

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Elsie Cintron

Mailing Address Urb San Francisco
125 Aleli St

City

San Juan

State

PR

Zip Code

00927-6306

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAMC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841413

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City State Zip Code
Alexandria LA 71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841414

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. William Way, JR

Mailing Address 7713 Oakmont PI

City State Zip Code
Raleigh NC 27615-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841415

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Roger Vithalani

Mailing Address 516 Chesapeake Place

City State Zip Code
Greenville NC 27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841416

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

163.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Rife Huckabee

Mailing Address 3720 Rabbit Creek Ct

City

Theodore

State

AL

Zip Code

36582-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Mobile

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841417

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City

Pittsburgh

State

PA

Zip Code

15206-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weinstein Imaging Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841419

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Jr., M.D. Charles Schranck

Mailing Address 75 Fairmount Dr., North

City

Alton

State

IL

Zip Code

62002-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates, P.C.

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841420

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

238.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City

Lincoln

State

MA

Zip Code

01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841422

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Douglas Picton

Mailing Address 1911 NC Highway 121

City

Greenville

State

NC

Zip Code

27834-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841423

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Amy Kirby

Mailing Address 5209 Pulchella Dr

City

Oklahoma City

State

OK

Zip Code

73142-6811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Eye Imaging

Occupation

Radiology Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841425

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

323.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Marc Glickstein

Mailing Address 962 Mott Hill Rd

City

S Glastonbury

State

CT

Zip Code

06073-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson X-Ray

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841426

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Ketcham, II

Mailing Address 8824 Wildflower Dr

City

Cheyenne

State

WY

Zip Code

82009-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32841427

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City

Birmingham

State

AL

Zip Code

35213-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Imaging Assoc of
AL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32849412

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kerry Chandler

Mailing Address 4100 Mullcroft Pl

City

Fuquay Varina

State

NC

Zip Code

27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32849414

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Goree

Mailing Address 2320 Cromwell Cir

City

Davenport

State

IA

Zip Code

52807-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852914

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Dr. Glenn Cook

Mailing Address Scottsdale Med Imaging Ltd
3501 N Scottsdale Rd Ste 130

City

Scottsdale

State

AZ

Zip Code

85251-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852915

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Geoffrey Criqui

Mailing Address Southwest Diagnostic Imaging
PO Box 3114

City State Zip Code
Scottsdale AZ 85271-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852916

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Bruce Gotway

Mailing Address 7101 E Berneil Ln

City State Zip Code
Paradise Valley AZ 85253-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852917

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Jones

Mailing Address 9477 E Shangri LA Rd

City State Zip Code
Scottsdale AZ 85260-6143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852918

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Maki

Mailing Address 9944 E South Bend Dr

City

Scottsdale

State

AZ

Zip Code

85255-2538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Diagnostic Imag-
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852919

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Keiper

Mailing Address Scottsdale Medical Imaging
3501 N Scottsdale Rd Ste 130

City

Scottsdale

State

AZ

Zip Code

85251-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Diagnostic Imag-
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852920

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ronald Korn

Mailing Address 6419 E Caron Dr

City

Paradise Valley

State

AZ

Zip Code

85253-1862

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852921

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher May

Mailing Address 14627 E Paradise Dr

City

Fountain Hills

State

AZ

Zip Code

85268-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer
PO Box 1573

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32852922

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sunil Ram

Mailing Address 12455 N 118th Way

City

Scottsdale

State

AZ

Zip Code

85259-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32852924

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Terry Reeves

Mailing Address 10537 E Sunnyside Dr

City

Scottsdale

State

AZ

Zip Code

85259-2917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32852925

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Kuo

Mailing Address 13026 E Turquoise Ave

City

Scottsdale

State

AZ

Zip Code

85259-5341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852926

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Horsley

Mailing Address Scottsdale Medical Imaging Ltd
3501 N Scottsdale Rd Ste 130

City

Scottsdale

State

AZ

Zip Code

85251-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852927

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Chad Palmer

Mailing Address 10678 E Palm Ridge Dr

City

Scottsdale

State

AZ

Zip Code

85255-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852928

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Taylor

Mailing Address 4045 E Desert Crest Dr

City

Paradise Valley

State

AZ

Zip Code

85253-3942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852929

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rodney Owen

Mailing Address 9122 N 60th St

City

Paradise Valley

State

AZ

Zip Code

85253-1735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852930

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nicole Abinanti-Kotula

Mailing Address 5808 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852931

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

396.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Barr

Mailing Address Presbyterian Hospital
200 Hawthorne Ln

City State Zip Code
Charlotte NC 28204-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852932

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Black

Mailing Address 19825 River Falls Dr

City State Zip Code
Davidson NC 28036-8869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852933

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Martin Burns

Mailing Address 2026 Beverly Drive

City State Zip Code
Charlotte NC 28207-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852934

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Jenkins

Mailing Address 6805 Honors Ct

City

Charlotte

State

NC

Zip Code

28210-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852935

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Brian H. Hamilton

Mailing Address 7211 Seton House Ln

City

Charlotte

State

NC

Zip Code

28277-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Rad Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852936

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Victor Ho

Mailing Address 4539 Mullens Ford Rd

City

Charlotte

State

NC

Zip Code

28226-5038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852937

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bennett Hollenberg

Mailing Address 3738 Abingdon Road

City

Charlotte

State

NC

Zip Code

28211-3747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852938

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Erik Insko

Mailing Address 9120 Easton Grey Ln

City

Charlotte

State

NC

Zip Code

28277-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852939

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Joseph

Mailing Address 2601 Sedley Rd

City

Charlotte

State

NC

Zip Code

28211-3656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852940

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Kapustin

Mailing Address 2608 Flintgrove Rd

City

Charlotte

State

NC

Zip Code

28226-5619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852941

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frank Kosarek

Mailing Address PO Box 221249

City

Charlotte

State

NC

Zip Code

28222-1249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852942

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Nixon

Mailing Address 2126 Edenton Rd

City

Charlotte

State

NC

Zip Code

28211-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852943

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Edward Oke

Mailing Address 19718 Shearwater Point Drive

City

Cornelius

State

NC

Zip Code

28031-7552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852944

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Quarles

Mailing Address Mecklenburg Radiology Assoc
PO Box 221249

City

Charlotte

State

NC

Zip Code

28222-1249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
oc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852945

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shawn Quillin

Mailing Address 4522 N Parview Dr

City

Charlotte

State

NC

Zip Code

28226-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852946

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Clifford Roemer

Mailing Address 3901 Beresford Rd

City

Charlotte

State

NC

Zip Code

28211-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852947

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Scanga

Mailing Address 3031 Wickersham Rd

City

Charlotte

State

NC

Zip Code

28211-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt Univ Med Ctr-V-
anderbi

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852948

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Scovill

Mailing Address 127 Wild Harbor Rd

City

Mooresville

State

NC

Zip Code

28117-6038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852949

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Tobben

Mailing Address 4810 Gaynor Rd

City

Charlotte

State

NC

Zip Code

28211-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32852950

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donald Toothman

Mailing Address 18307 Bowsprit Pointe Road

City

Cornelius

State

NC

Zip Code

28031-5202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
oc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32852951

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Daniel Uri

Mailing Address 5001 Kimblewyck Ln

City

Charlotte

State

NC

Zip Code

28226-6465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32852952

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas Zban

Mailing Address 2051 Brandon Circle

City

Charlotte

State

NC

Zip Code

28211-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852953

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Donnal

Mailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City

Norfolk

State

VA

Zip Code

23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

921.32

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852955

Amount of Each Receipt this Period

249.99

C.

Full Name (Last, First, Middle Initial)

Dr. Yan Gao

Mailing Address 1521 Mirassou Ln

City

Virginia Beach

State

VA

Zip Code

23454-1373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1588.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852956

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

770.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lauren Granata

Mailing Address 1317 Five Point Rd

City

Virginia Beach

State

VA

Zip Code

23454-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852957

Amount of Each Receipt this Period

252.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Ho

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City

Norfolk

State

VA

Zip Code

23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852958

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

Dr. Yoonah Kim

Mailing Address 917 Kings Cross

City

Virginia Beach

State

VA

Zip Code

23452-6230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852959

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

807.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Kushner

Mailing Address 2020 Canal Rd

City

Virginia Beach

State

VA

Zip Code

23451-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852960

Amount of Each Receipt this Period

255.00

B.

Full Name (Last, First, Middle Initial)

Dr. Phillip Luebbert

Mailing Address 9528 25th Bay St

City

Norfolk

State

VA

Zip Code

23518-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

921.32

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852962

Amount of Each Receipt this Period

249.99

C.

Full Name (Last, First, Middle Initial)

Dr. Susan McKenzie

Mailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City

Norfolk

State

VA

Zip Code

23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

921.32

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852963

Amount of Each Receipt this Period

249.99

SUBTOTAL of Receipts This Page (optional)

754.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eveleen Oleinik

Mailing Address 1021 Downshire Chase

City

Virginia Beach

State

VA

Zip Code

23452-6154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.69

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852964

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Adam Specht

Mailing Address 3309 Chappell PI

City

Virginia Beach

State

VA

Zip Code

23452-6290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852965

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Thomas

Mailing Address 1037 Long Beeches Ave

City

Chesapeake

State

VA

Zip Code

23320-0681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.68

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852966

Amount of Each Receipt this Period

125.01

SUBTOTAL of Receipts This Page (optional)

551.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Marshall Weissberger

Mailing Address Medical Center Radiologists

6330 N Center Dr Bldg 13 Ste 220

City

State

Zip Code

Norfolk

VA

23502-4101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852967

Amount of Each Receipt this Period

249.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Whitbeck

Mailing Address Medical Cntr Rads Inc Bldg 13

6330 N Center Dr Ste 220

City

State

Zip Code

Norfolk

VA

23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852968

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Woolfitt

Mailing Address 6330 N Center Dr Bldg 13 Ste 220

City

State

Zip Code

Norfolk

VA

23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852976

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

899.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Vipin Bansal

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852977

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Garyun Blackmon

Mailing Address 8370 Rustic Woods Way

City State Zip Code
Loomis CA 95650-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852978

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. George Bolton

Mailing Address 133 Yankton St

City State Zip Code
Folsom CA 95630-8140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852979

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Breslau

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.10

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852980

Amount of Each Receipt this Period

680.04

B.

Full Name (Last, First, Middle Initial)

Dr. Nicole Carbo

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852981

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Chong

Mailing Address 27075 E El Macero

City State Zip Code
El Macero CA 95618-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852982

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1130.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City

Davis

State

CA

Zip Code

95618-7664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852983

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. John De la Vega

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.05

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852984

Amount of Each Receipt this Period

640.02

C.

Full Name (Last, First, Middle Initial)

Dr. Roland DeMarco

Mailing Address 5174 Prior Rdg

City

Granite Bay

State

CA

Zip Code

95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852985

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1090.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. L Dudley

Mailing Address 1005 Van Cortlandt Ct

City

El Dorado Hills

State

CA

Zip Code

95762-7544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852991

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Foster

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852992

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hani Greiss

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852993

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Patrick Harty

Mailing Address 5249 Wyndham Oak Ln

City

Carmichael

State

CA

Zip Code

95608-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 32852994

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Glenn Hofer

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 32852995

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Hoffman

Mailing Address 1117 Teneighth Way

City

Sacramento

State

CA

Zip Code

95818-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 32852996

Amount of Each Receipt this Period

252.00

SUBTOTAL of Receipts This Page (optional)

852.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kuo

Mailing Address 2619 Mariella Dr

City

Rocklin

State

CA

Zip Code

95765-5618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852997

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hank Lin

Mailing Address 44408 Clubhouse Drive

City

El Macero

State

CA

Zip Code

95618-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852998

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Don Charles Loomer

Mailing Address 1747 E Wallington Ln

City

Fresno

State

CA

Zip Code

93730-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32852999

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Vartan Malian

Mailing Address 100 Crane Meadow Ct

City

Roseville

State

CA

Zip Code

95661-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853000

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mylon Marshall

Mailing Address 2201 Lassen Pl

City

Davis

State

CA

Zip Code

95616-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853004

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City

Loomis

State

CA

Zip Code

95650-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853005

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Miyuki Murphy

Mailing Address 5198 Prior Rdg

City

Granite Bay

State

CA

Zip Code

95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32853006

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Norton

Mailing Address Rad Assoc of Sacramento Med Grp
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Sacramento
Med Gr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32853007

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City

Carmichael

State

CA

Zip Code

95608-4571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32853008

Amount of Each Receipt this Period

625.02

SUBTOTAL of Receipts This Page (optional)

1075.02

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32853009

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code
Davis CA 95616-7219FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32853010

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code
Carmichael CA 95608-4522FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32853011

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853012

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Susan Sompayrac

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc of Sac-
ramen

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853013

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95616-6760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853014

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bahram Varjavand

Mailing Address 1501 Chalupa PI

City

Davis

State

CA

Zip Code

95618-6757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 32853015

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Calvin Wang

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 32853016

Amount of Each Receipt this Period

642.84

C.

Full Name (Last, First, Middle Initial)

Dr. David Winfield

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 32853018

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1092.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Dylan Witt

Mailing Address 3636 Washoe St

City

Davis

State

CA

Zip Code

95616-5087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853019

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Benjamin Franc

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853020

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Haseman

Mailing Address 227 Selby Ranch Rd Apt 3

City

Sacramento

State

CA

Zip Code

95864-5844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853021

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Richard W. Myers

Mailing Address 1500 Expo Parkway

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853022

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sharon Dutton

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853023

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Roger Gilbert

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853025

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Brian Goldsmith

Mailing Address Radiological Assoc of Sacramento
2800 L St Ste 10

City State Zip Code
Sacramento CA 95816-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853026

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher Jones

Mailing Address Radiological Assoc of Sacramento
2800 L St Ste 10

City State Zip Code
Sacramento CA 95816-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853027

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Dr. Susan Lee

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853028

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 113 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Linstadt

Mailing Address Radiation Oncology Centers
2 Medical Plaza Dr Ste 180

City State Zip Code
Roseville CA 95661-3049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiation Oncology Centers

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853029

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Logsdon

Mailing Address Rad Associates of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853030

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Anthony Pu

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc of Sac-
ramen

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853031

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 114 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Seth Rosenthal

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853032

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Janice Ryu

Mailing Address 2090 8th Ave

City State Zip Code
Sacramento CA 95818-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853033

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Suplica

Mailing Address Sutter Cancer Ctr
2800 L St Ste 10

City State Zip Code
Sacramento CA 95816-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCSF Long Hospital L-08

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853034

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 144

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Harvey Wolkov

Mailing Address Radiation Oncology Center
2800 L St Ste 10

City State Zip Code
Sacramento CA 95816-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sac-
ramento Med C

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853035

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kaye Drennan

Mailing Address 240 Hammond Drive

City State Zip Code
Auburn CA 95603-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853036

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Dr. Iris Foley

Mailing Address Newton-Wellesley Hospital
2014 Washington St

City State Zip Code
Newton MA 02462-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853105

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Nancy Bolanis

Mailing Address 55 Perthshire Rd

City

Brighton

State

MA

Zip Code

02135-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853107

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Guillermo Sanchez

Mailing Address 408 Adams St

City

Quincy

State

MA

Zip Code

02169-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853108

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary Drinkwater

Mailing Address 28 Lincoln St

City

Belmont

State

MA

Zip Code

02478-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853109

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Lerner

Mailing Address 14 Clarendon St Apt 402

City

Boston

State

MA

Zip Code

02116-6145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853120

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Denison, JR

Mailing Address 17 Ross Rd

City

Belmont

State

MA

Zip Code

02478-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853121

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jami Rubens

Mailing Address 20 Ledgewood Rd

City

Weston

State

MA

Zip Code

02493-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853122

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Maged Khalil

Mailing Address Newton-Wellesley Hospital
2014 Washington St

City State Zip Code
 Newton MA 02462-1699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton-Wellesley Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853124

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Julia Muskie

Mailing Address 3909 Underwood St

City State Zip Code
 Chevy Chase MD 20815-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Groover, Christie and
Merritt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853144

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stuart Braverman

Mailing Address 232 Constance Ln

City State Zip Code
 Santa Barbara CA 93105-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Barbara Radiology
Med Group, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853146

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Pollard, JR

Mailing Address 25 Bruce Ln

City

Newton

State

MA

Zip Code

02458-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambridge Health Alliance

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853163

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Dunkle

Mailing Address 6671 Boxcar Pl

City

Indianapolis

State

IN

Zip Code

46220-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Radiology Partner-
s, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853164

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Dumler

Mailing Address 15910 Arkdale Ct

City

Spring

State

TX

Zip Code

77379-6806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Houston Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853165

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. W Foley

Mailing Address Froedtert Hospital East
9200 W Wisconsin Ave

City Milwaukee State WI Zip Code 53226-3522

FEC ID number of contributing
federal political committee.**C**Name of Employer
Medical College of WisconsinOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32853166

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Martin, JR

Mailing Address 315 E Santa Fe Rd

City Chillicothe State IL Zip Code 61523-9383

FEC ID number of contributing
federal political committee.**C**Name of Employer
Peoria Radiology AssocOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32853177

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Rademacher

Mailing Address Rutland Regional Medical Center
160 Allen St

City Rutland State VT Zip Code 05701-4595

FEC ID number of contributing
federal political committee.**C**Name of Employer
VT Physicians ClinicOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32853181

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kathryn Evers

Mailing Address 1012 Bryn Mawr Ave

City

Narberth

State

PA

Zip Code

19072-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fox Chase Cancer Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853186

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lee F. Rogers

Mailing Address University of Arizona Health Scien
1501 N Campbell Ave

City

Tucson

State

AZ

Zip Code

85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Arizona Hea-
lth Sciences

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853189

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Zapolsky

Mailing Address 1449 Knapp St

City

Oshkosh

State

WI

Zip Code

54902-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Fox Valley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853192

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James York

Mailing Address 669 Timm Valley Rd NE

City

Atlanta

State

GA

Zip Code

30305-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gwinnett Medical Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853195

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis DeJesus

Mailing Address 1410 Easy St

City

Elk City

State

OK

Zip Code

73644-1466

FEC ID number of contributing
federal political committee.

C

Name of Employer
Department of Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853196

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gary Rose

Mailing Address 9706 Chilcott Manor Way

City

Vienna

State

VA

Zip Code

22181-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Radiology Asso-
ciate

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32853197

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Kutilek

Mailing Address 1853 S 107th St

City

Omaha

State

NE

Zip Code

68124-1065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Center Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 32853198

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Royal

Mailing Address Walnut Bottom Radiology
850 Walnut Bottom Rd

City

Carlisle

State

PA

Zip Code

17013-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walnut Bottom Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 32853215

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven Addonizio

Mailing Address 5203 Rio Vista Ln

City

Knoxville

State

TN

Zip Code

37919-8988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 32975064

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Brent Barrow

Mailing Address Cleveland Community Hosp
2800 Westside Dr NW

City Cleveland State TN Zip Code 37312-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975067

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Brumit

Mailing Address 440 Walnut St Unit 501

City Knoxville State TN Zip Code 37902-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975069

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Forsberg

Mailing Address Vista Radiology
2001 Laurel Ave Ste 304

City Knoxville State TN Zip Code 37916-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975170

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Garth Graham

Mailing Address Vista Radiology PC
2001 Laurel Ave Ste N304City State Zip Code
Knoxville TN 37916-1834FEC ID number of contributing
federal political committee.**C**Name of Employer
Vista Radiology, P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32975171

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Glenn Jung

Mailing Address 3636 Captains Way

City State Zip Code
Knoxville TN 37922-9411FEC ID number of contributing
federal political committee.**C**Name of Employer
Vista Radiology, P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32975508

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Clifford Meservy

Mailing Address 1412 Kensington Drive

City State Zip Code
Knoxville TN 37922-6038FEC ID number of contributing
federal political committee.**C**Name of Employer
Vista Radiology, P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 32975712

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Santee

Mailing Address 603 Rumblewood Ln

City

Seymour

State

TN

Zip Code

37865-5564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975716

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jody Bolton Smith

Mailing Address 1523 Cougar Ln

City

Sartell

State

MN

Zip Code

56377-2452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975722

Amount of Each Receipt this Period

502.08

C.

Full Name (Last, First, Middle Initial)

Dr. Bryan Brindley

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975723

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1252.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bonnie Fines

Mailing Address 1135 Mill Creek Cir

City

Saint Cloud

State

MN

Zip Code

56303-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975724

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen Kuehne

Mailing Address 8851 116th St

City

Clear Lake

State

MN

Zip Code

55319-9625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975725

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Dr. Danielle Leighton

Mailing Address St Cloud Hospital
1406 6th Ave N

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975729

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Hoang Nguyen

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City State Zip Code
Saint Cloud MN 56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975730

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Rogan

Mailing Address 817 Ridgewood Ct

City State Zip Code
Sartell MN 56377-2272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.60

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975731

Amount of Each Receipt this Period

501.60

C.

Full Name (Last, First, Middle Initial)

Dr. Rochelle Wolfe

Mailing Address 3927 Pine Point Rd

City State Zip Code
Sartell MN 56377-9730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32975732

Amount of Each Receipt this Period

499.92

SUBTOTAL of Receipts This Page (optional)

1501.52

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joshua Lucas

Mailing Address 1406 6th Ave N

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 32975733

Amount of Each Receipt this Period

540.00

B.

Full Name (Last, First, Middle Initial)

Dr. Derik Weldon

Mailing Address 3360 Old Stone Way NE

City

Sauk Rapids

State

MN

Zip Code

56379-4569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 32975734

Amount of Each Receipt this Period

504.00

C.

Full Name (Last, First, Middle Initial)

Dr. David R. Moon

Mailing Address 6200 County Rd 120 Apt 319

City

Saint Cloud

State

MN

Zip Code

56303-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 32975736

Amount of Each Receipt this Period

480.00

SUBTOTAL of Receipts This Page (optional)

1524.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Karl Chiang

Mailing Address Eastern Radiologists Inc
9 Doctors ParkCity State Zip Code
Greenville NC 27834-2801FEC ID number of contributing
federal political committee.**C**Name of Employer
Eastern Radiologists IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	9	

Transaction ID: 33789785

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B
Totaling \$160.00 This changes the YTD Total to \$364.00**B.**

Full Name (Last, First, Middle Initial)

Dr. John Lohnes, JR

Mailing Address Wichita Radiological Group PA
PO Box 8903City State Zip Code
Wichita KS 67208-0903FEC ID number of contributing
federal political committee.**C**Name of Employer
Wichita Radiological Group
PAOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	9	

Transaction ID: 33789786

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B
Totaling \$250.00 This changes the YTD Total to \$1000.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

91727.90

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 144

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

771.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 33181420

Amount of Each Receipt this Period

8.78

Interest

SUBTOTAL of Receipts This Page (optional)

8.78

TOTAL This Period (last page this line number only)

8.78

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 132 / 144

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Longleaf Pine PAC

Mailing Address 703 GREEN VALLEY ROAD
SUITE 201

City Greensboro State NC Zip Code 27408

Purpose of Disbursement

011

Category/
Type

Candidate Name
Longleaf Pine PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 30836296

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Marsha Blackburn

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: 31917080

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Larson For Congress

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. John B. Larson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: 32111436

Date of Disbursement

12 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gingrey For Congress

Mailing Address PO Box U

City
Marietta

State
GA

Zip Code
30060

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Phil Gingrey, M.D.

Office Sought:

☒ House

☐ Senate

☐ President

State: GA

District: 11

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 32239727

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Griffith For Congress

Mailing Address PO Box 2916

City
Huntsville

State
AL

Zip Code
35804

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Parker Griffith, MD

Office Sought:

☒ House

☐ Senate

☐ President

State: AL

District: 05

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 32263254

Date of Disbursement

12 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Griffith For Congress

Mailing Address PO Box 2916

City
Huntsville

State
AL

Zip Code
35804

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Parker Griffith, MD

Office Sought:

☒ House

☐ Senate

☐ President

State: AL

District: 05

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 32263259

Date of Disbursement

12 / 05 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 134 / 144

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Doc PAC	Transaction ID: 32289976 Date of Disbursement																				
Mailing Address PO Box 65796	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	0	9												
City Washington State DC Zip Code 20035	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Doc PAC	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Heller For Congress	Transaction ID: 32536515 Date of Disbursement																				
Mailing Address PO Box 750580	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	0	9												
City Las Vegas State NV Zip Code 89136	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Dean Heller	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	Transaction ID: 32537356 Date of Disbursement																				
Mailing Address PO Box 775	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
City Unionville State PA Zip Code 19375	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Joseph R. Pitts	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 / 144

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mchenry For Congress <hr/> Mailing Address PO Box 1406 <hr/> <table> <tr> <td>City Hickory</td> <td>State NC</td> <td>Zip Code 28603</td> </tr> </table> Purpose of Disbursement <hr/> <table> <tr> <td>Candidate Name Rep. Patrick Timothy McHenry</td> <td><div>011 Category/ Type</div></td> </tr> </table> Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2010 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: NC District: 10	City Hickory	State NC	Zip Code 28603	Candidate Name Rep. Patrick Timothy McHenry	<div>011 Category/ Type</div>	Transaction ID: 32539523 Date of Disbursement <div>1 2 / 0 8 / 2 0 0 9</div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>
City Hickory	State NC	Zip Code 28603					
Candidate Name Rep. Patrick Timothy McHenry	<div>011 Category/ Type</div>						
B.	Full Name (Last, First, Middle Initial) Ranger PAC <hr/> Mailing Address PO Box 2485 <hr/> <table> <tr> <td>City Springfield</td> <td>State VA</td> <td>Zip Code 22152</td> </tr> </table> Purpose of Disbursement <hr/> <table> <tr> <td>Candidate Name Ranger PAC</td> <td><div>011 Category/ Type</div></td> </tr> </table> Office Sought: <input type="checkbox"/> House Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: District:	City Springfield	State VA	Zip Code 22152	Candidate Name Ranger PAC	<div>011 Category/ Type</div>	Transaction ID: 32541612 Date of Disbursement <div>1 2 / 0 3 / 2 0 0 9</div> <hr/> Amount of Each Disbursement this Period <div>1500.00</div>
City Springfield	State VA	Zip Code 22152					
Candidate Name Ranger PAC	<div>011 Category/ Type</div>						
C.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy <hr/> Mailing Address P.O. Box 127 <hr/> <table> <tr> <td>City Cheshire</td> <td>State CT</td> <td>Zip Code 06410</td> </tr> </table> Purpose of Disbursement <hr/> <table> <tr> <td>Candidate Name Rep. Christopher Scott Murphy</td> <td><div>011 Category/ Type</div></td> </tr> </table> Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2010 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: CT District: 05	City Cheshire	State CT	Zip Code 06410	Candidate Name Rep. Christopher Scott Murphy	<div>011 Category/ Type</div>	Transaction ID: 32542239 Date of Disbursement <div>1 2 / 0 2 / 2 0 0 9</div> <hr/> Amount of Each Disbursement this Period <div>2000.00</div>
City Cheshire	State CT	Zip Code 06410					
Candidate Name Rep. Christopher Scott Murphy	<div>011 Category/ Type</div>						

SUBTOTAL of Disbursements This Page (optional)**4500.00****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 136 / 144

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bill Owens For Congress

Mailing Address PO Box 1575

City
Plattsburgh

State
NY

Zip Code
12901

Purpose of Disbursement

Special General Election Debt Retirement Contribution

Candidate Name

Mr. William Owens

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: NY District: 23

Special-General Debt

Transaction ID: 32543201

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

2500.00

Special General Election
Debt Retirement Contribut-
ion

B.

Full Name (Last, First, Middle Initial)

Pioneer Political Action Committee

Mailing Address 701 8th Street, N.W.
Suite 500

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement

Candidate Name

Pioneer Political Action Committee

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32618094

Date of Disbursement

12 / 08 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Pioneer Political Action Committee

Mailing Address 701 8th Street, N.W.
Suite 500

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement

Candidate Name

Pioneer Political Action Committee

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32618095

Date of Disbursement

12 / 08 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 137 / 144

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TOM PAC

Mailing Address P.O. Box 752

City
Des Moines

State
IA

Zip Code
50303

Purpose of Disbursement

011

Category/
Type

Candidate Name
TOM PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32651241

Date of Disbursement

12 / 09 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Harvest Pac

Mailing Address 236 Massachusetts Avenue NE #508

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
Harvest Pac

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32667340

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Kathy Dahlkemper For Congress

Mailing Address PO Box 1045

City
Erie

State
PA

Zip Code
16512

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Kathleen A. Dahlkemper

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: 32673424

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 138 / 144

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Weiner

Mailing Address 1 Ascan Avenue #31
Suite 31

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement

Candidate Name
Rep. Anthony D. WeinerOffice Sought: ☒ House
☐ Senate
☐ President

State: NY District: 09

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32679297

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

Candidate Name
Rep. Patrick J. TiberiOffice Sought: ☒ House
☐ Senate
☐ President

State: OH District: 12

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 32679298

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Wedge PAC

Mailing Address PO Box 680063

City Franklin State TN Zip Code 37068

Purpose of Disbursement

Candidate Name
Wedge PACOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32679299

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 / 144

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Joe Heck <hr/> Mailing Address PO Box 750114 <hr/> <table> <tr> <td>City Las Vegas</td> <td>State NV</td> <td>Zip Code 89136</td> </tr> </table> <hr/> Purpose of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;">011</div> Category/ Type <hr/> Candidate Name Mr. Joe Heck <hr/> <table> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2010</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> <tr> <td>State: NV District: 03</td> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table>	City Las Vegas	State NV	Zip Code 89136	Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2010	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State: NV District: 03	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32815463 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;">12</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">21</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2009</div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div>
City Las Vegas	State NV	Zip Code 89136									
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2010										
<input type="checkbox"/> Senate											
<input type="checkbox"/> President											
State: NV District: 03	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
B.	Full Name (Last, First, Middle Initial) Dent PAC <hr/> Mailing Address P.O. Box 40385 <hr/> <table> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20016</td> </tr> </table> <hr/> Purpose of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;">011</div> Category/ Type <hr/> Candidate Name Dent PAC <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> <tr> <td>State: District:</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table>	City Washington	State DC	Zip Code 20016	Office Sought: <input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32815470 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;">12</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">18</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2009</div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div>
City Washington	State DC	Zip Code 20016									
Office Sought: <input type="checkbox"/> House	Disbursement For:										
<input type="checkbox"/> Senate											
<input type="checkbox"/> President											
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
C.	Full Name (Last, First, Middle Initial) Mchenry For Congress <hr/> Mailing Address PO Box 1406 <hr/> <table> <tr> <td>City Hickory</td> <td>State NC</td> <td>Zip Code 28603</td> </tr> </table> <hr/> Purpose of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;">011</div> Category/ Type <hr/> Candidate Name Rep. Patrick Timothy McHenry <hr/> <table> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2010</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> <tr> <td>State: NC District: 10</td> <td><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table>	City Hickory	State NC	Zip Code 28603	Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2010	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State: NC District: 10	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32815542 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;">12</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">18</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2009</div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; display: inline-block;">2500.00</div>
City Hickory	State NC	Zip Code 28603									
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2010										
<input type="checkbox"/> Senate											
<input type="checkbox"/> President											
State: NC District: 10	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										

SUBTOTAL of Disbursements This Page (optional)**6000.00****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mchenry For Congress	Transaction ID: 32815543 Date of Disbursement																				
Mailing Address PO Box 1406	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	9												
City Hickory State NC Zip Code 28603	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Patrick Timothy McHenry	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: NC District: 10																					
B. Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Transaction ID: 32815587 Date of Disbursement																				
Mailing Address P. O. Box 713	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	9												
City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mr. Peter Roskam	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: IL District: 06																					
C. Full Name (Last, First, Middle Initial) ROSKAM PAC	Transaction ID: 32828790 Date of Disbursement																				
Mailing Address P. O. Box 1011	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	2		2	0	0	9												
City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name ROSKAM PAC	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:																					

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Trager For Congress	Transaction ID: 32828793 Date of Disbursement
Mailing Address PO Box 10033	<div> <div>12</div> <div>23</div> <div>2009</div> </div>
City Green Bay State WI Zip Code 54307	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Mr. Marc Trager	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) David Vitter For Us Senate	Transaction ID: 32828802 Date of Disbursement
Mailing Address PO Box 8175	<div> <div>12</div> <div>23</div> <div>2009</div> </div>
City Metairie State LA Zip Code 70011	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1500.00</div>
Candidate Name Sen. David Vitter	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Brady For Congress	Transaction ID: 32828804 Date of Disbursement
Mailing Address P.O. Box 8277	<div> <div>12</div> <div>23</div> <div>2009</div> </div>
City The Woodlands State TX Zip Code 77387	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Kevin Patrick Brady	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Martha Coakley For Senate Committee

Mailing Address PO Box 220 State House Station

City Boston State MA Zip Code 02133

Purpose of Disbursement

Candidate Name
Martha Coakley

Office Sought: ☐ House
☒ Senate
☐ President

State: MA

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Special-General2010

Transaction ID: 32833319

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

71000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Karl Chiang

Transaction ID: 32678733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Mailing Address Eastern Radiologists Inc
9 Doctors Park

Amount of Each Disbursement this Period

City Greenville State NC Zip Code 27834-2801

160.00									
--------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement
Refund of Contribution per Dr. Chiang's request

010

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼Refund of Contribution per
Dr. Chiang's request

State: District:

B.

Full Name (Last, First, Middle Initial)

Dr. John Lohnes, JR

Transaction ID: 32833975

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

Mailing Address Wichita Radiological Group PA
PO Box 8903

Amount of Each Disbursement this Period

City Wichita State KS Zip Code 67208-0903

250.00									
--------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement
Refund of a contribution because over what he meant to give in 2009.

010

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼Refund of a contribution
because over what he meant
to give in 2009.

State: District:

SUBTOTAL of Disbursements This Page (optional)

410.00

TOTAL This Period (last page this line number only)

410.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33181462

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

417.94

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

417.94

TOTAL This Period (last page this line number only)

417.94